

## North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

### **Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name:

Compristed To Ro Elect Copy laster MAYOR

Treasurer Name:
Treasurer Address:

884 South Shore Do

(include city, state, & zip)

Solla poet NC 28461

Treasurer Phone:

910 845 2101

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/21/16 Date Signed

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JAN 2 | 2016

Certification to Close Committee

July 2014

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Use this form for general report	rt and committee informatio	n, must be signed and s	ubmitted along with othe	s No r detailed forms
Do not use this form to update  1. Committee Information	information.			
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report is complete, true and correc	t and that I have been trained h	v the NC State Board of I	-disclosed funds. I further of	certify that this
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August 2008

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December 2009

Detailed Summary			Amendment  Yes No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)			and training at the assessment of the service of th
	2. Type of		3. ID Number
COMMITTEE TO REELECT CRAIG CASTER MAYOR			QDF 8R7
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 705.90	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$ 200.00	) \$
8) Contributions from Other Political Committees	(CRO-1230)		\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations			\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)		<b> </b> \$
11e) Exempt Purchase Price Sales	(CRO-1265)		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,			\$ \$
EXPENDITURES	ra una rre,	¥ 703.10	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 905.90	\$
13b) Contributions to Candidates/Political Committees		\$	\$
THE RESIDENCE OF THE PROPERTY	(CRO-1310)	\$	\$
THE REPORT OF THE PROPERTY OF A STREET OF THE PROPERTY OF THE	(CRO-1315)	\$	
Section will be the free from Free leading to the first and section on making a section with the feet of the free leading of the feet of t	(CRO-1420)	\$	\$
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(CRO-1320)		\$
MINE TO SECURE AND SECURE AND SECURE AND A SECURE AS A SECURITARIZED  AS A SECURITARIZED A		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	(CRO-1510)	\$ (1-5.0)	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subt		\$ 905.90	
ADDITIONAL INFORMATION	ract file 16,	, 0	1\$
Market Programme Committee of the Commit	(CRO-1330)	\$	
THE STATE OF STATE OF THE STATE	(CRO-1430)	\$	
大型 (大学 ) (		\$	
TO AND DESCRIPTION OF THE PROPERTY OF THE PROP		\$	
		\$	
AND THE PROPERTY OF THE PROPER			
A partie terre that a main to be an an in a construction and a constru		\$	\$
		\$	\$
		\$	\$
RO-1100 NC State Board		\$	\$

Disclosure Report Co	over		Amendment
Use this form for general report	t and committee information,	must be signed and submi	Yes No No itted along with other detailed forms.
Do not use this form to update i	information.		tion atomy with outer account
1. Committee Information	Allega constantes de la		
a. Full Name			c. ID Number
CRAIG M	COSTER		ODF 8R7
b. Mailing Address (include City, Sta	ate and Zip Code)		d. Date Filed
		· · · · · · · · · · · · · · · · · · ·	
884 SOUTH	Shore ye		10/22/15
SOUTH POR	7 110		e. Phone Number
JOVI 7 JOK	JAC		9108452101
2. Report Year 3, Period Star	t Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy) 5. T	reasurer Full Name
2015 9/23/	15 10-	19-2015	
6. Type of Committee (Check (		oorl (check only one type	of report from one category)
Candidate Campaign Par	ty Municipal	State/County	Referendum
<b>7 2 3</b>	ferendum Organization		Organizational
Independent Expenditure Joir Legal Expense Fund	nt Fundraiser Thirty-five da		Pre-referendum
regar rybones and	Pre-election	First Second	Final Supplemental Final
7. Type of Fund (if applicable,		Second Third	Supplemental Final Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	☐ Mid Yea	Semi-annual	- spread
Other:	Year End		10. Special Report Name
Other:  8. Number of Fundraisers this	Report Special	Year End	
O. ITUINDEL OF LANGE GIOCES SHIP	Report Special	Final	
4		10 0 0 0 0	
H Assaunt Information		Special	
11. Account Information a. Financial Institution Full Name		11. Account Information	
a. Financial Institution Full Name			
a. Financial Institution Full Name FIRST C, T,		11. Account Information a. Financial Institution Full N	lame
a. Financial Institution Full Name	c. Account Code	11. Account Information	
a. Financial Institution Full Name  FIRST C, T, b. Purpose	c. Account Code	11. Account Information a. Financial Institution Full N	lame
a. Financial Institution Full Name  FIRST C, T, b. Purpose		11. Account Information a. Financial Institution Full N	c. Account Code
a. Financial Institution Full Name FIRST C, T,	c. Account Code  CMC d. Period Begin Balance	11. Account Information a. Financial Institution Full N	c. Account Code  d. Period Begin Balance
a. Financial Institution Full Name  FIRST C, T, b. Purpose  CAMPAIN	c. Account Code  C.M.C.	11. Account Information a. Financial Institution Full N	c. Account Code
a. Financial Institution Full Name  FIRST C, T, b. Purpose  CAMPAIN  CERTIFICATION	c. Account Code  CMC d. Period Begin Balance \$658,46	11. Account Information  a. Financial Institution Full N  b. Purpose	c. Account Code  d. Period Begin Balance
a. Financial Institution Full Name  FIRST C, T, b. Purpose  CAMPAIN  CERTIFICATION  I certify that the Committee or Fun	c. Account Code  CMC d. Period Begin Balance \$658,46  and is in compliance with all appli	11. Account Information  a. Financial Institution Full N  b. Purpose  cable provisions of Article 2	d. Period Begin Balance \$ 2A 22B & 22D-22M of Chapter 163
a. Financial Institution Full Name  FIRST C, T, b. Purpose  CAMPAIN  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha	c. Account Code  CMC d. Period Begin Balance \$658, 46  and is in compliance with all appliant no funds are commingled with	11. Account Information  a. Financial Institution Full N  b. Purpose  cable provisions of Article 2  prohibited or other non-disc	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	c. Account Code  CMC d. Period Begin Balance \$658, 46  and is in compliance with all appliant no funds are commingled with and that I have been trained by	11. Account Information  a. Financial Institution Full N  b. Purpose  cable provisions of Article 2  prohibited or other non-disc	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	c. Account Code  CMC d. Period Begin Balance \$658,46  and is in compliance with all applies to no funds are commingled with and that I have been trained by	b. Purpose  cable provisions of Article 2 prohibited or other non-disc the NC State Board of Election	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct    CRAGE M C  Printed Name of Signe	c. Account Code  CMC d. Period Begin Balance \$658,46  and is in compliance with all applies to no funds are commingled with and that I have been trained by	11. Account Information  a. Financial Institution Full N  b. Purpose  cable provisions of Article 2  prohibited or other non-disc	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct   CRAGA CONTROL OF CO	c. Account Code  CMC d. Period Begin Balance \$658,46  and is in compliance with all applies to no funds are commingled with and that I have been trained by	b. Purpose  cable provisions of Article 2 prohibited or other non-discitude NC State Board of Elections of Appointed Treasurer	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this cons.
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct    CRAGE M C  Printed Name of Signe	c. Account Code  CMC d. Period Begin Balance \$658,46  and is in compliance with all applies to no funds are commingled with and that I have been trained by	b. Purpose  cable provisions of Article 2 prohibited or other non-discitude NC State Board of Elections of Appointed Treasurer	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ions.
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct   CRAGE M  Printed Name of Signe FOR OFFICE USE ONLY  Date Received F	c. Account Code  CMC d. Period Begin Balance \$ 658, 46  and is in compliance with all applies to no funds are commingled with and that I have been trained by Sign  Employer	icable provisions of Article 2 prohibited or other non-disciple NC State Board of Election of Appointed Treasurer	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this cans.
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct   CRAIG M  Printed Name of Signer FOR OFFICE USE ONLY	c. Account Code  CMC d. Period Begin Balance \$658, 46  and is in compliance with all applies a no funds are commingled with at and that I have been trained by Sign	icable provisions of Article 2 prohibited or other non-disciple NC State Board of Election of Appointed Treasurer	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this cons.
A. Financial Institution Full Name  FIRST C, T, b. Purpose  CAMPAIN  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  CRAIG M Printed Name of Signe  FOR OFFICE USE ONLY  Date Received F	c. Account Code  CMC d. Period Begin Balance \$ 658, 46  and is in compliance with all applies to no funds are commingled with and that I have been trained by Sign  Employee  Employee	icable provisions of Article 2 prohibited or other non-disc the NC State Board of Electionature of Appointed Treasurer	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ions.  Delivery Method Normal Mail Registered Mail Hand Delivered
ENINSWICK COUNTY	c. Account Code  CMC d. Period Begin Balance \$ 658, 46  and is in compliance with all applies to no funds are commingled with and that I have been trained by Sign  Employee  Employee  Employee	icable provisions of Article 2 prohibited or other non-disc the NC State Board of Electionature of Appointed Treasurer	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ions.
A. Financial Institution Full Name  FIRST C, T, b. Purpose  CAMPAIN  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  CRAIG M Printed Name of Signe  FOR OFFICE USE ONLY  Date Received F	c. Account Code  CMC d. Period Begin Balance \$ 658, 46  and is in compliance with all applies to no funds are commingled with and that I have been trained by Sign  Employee  Employee  Employee	b. Purpose  cable provisions of Article 2 prohibited or other non-disc the NC State Board of Elections at the NC State Bo	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ions.
ERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct CRAGE Printed Name of Signe FOR OFFICE USE ONLY Date Received Scanned:  Date Destructions	c. Account Code  CMC d. Period Begin Balance \$ 658, 46  and is in compliance with all appliant no funds are commingled with and that I have been trained by Employed	b. Purpose  cable provisions of Article 2 prohibited or other non-disc the NC State Board of Electi  acture of Appointed Treasurer  ce:  ce: ce:	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this cons.
ENINSWICK COUNTY  Please Note: This form can assistant to	c. Account Code  CMC d. Period Begin Balance \$ 658, 46  and is in compliance with all appliant no funds are commingled with and that I have been trained by Employed	b. Purpose  cable provisions of Article 2 prohibited or other non-disciture of Appointed Treasurer  ce:  ce:  ce:  ce:  ce:  ce:  ce:	c. Account Code  d. Period Begin Balance \$  2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ions.

**Detailed Summary** 

Amendment ☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number COMMITTEE TO REELECT GRAIL GASTER MANDE WDF8R7 Total this Start of Election Cycle: Total this January 1, 2015 Reporting Period **Election Cycle** 4) Cash on Hand at Start \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ \$ 7) Contributions from Political Party Committees (CRO-1220) 925.00 \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 5 23 . 46 \$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 877.56 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) \$ 26) Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 28) Contributions to be Refunded (CRO-1215) \$

Cor	ntributions f	from Individu	als		Pg	of	Amendment  Yes No
Use the	his form to report	individual contribut	ions over \$50 or	contribution	ons under \$50	if form CRC	1205 is not used
		me (and Fund if ap				2	. ID Number
(O	MMITTEE -	TO Re clock			MAY	OR C	RDF 8R7
	ntributor Inforn Name, Mailing Add			Add	Remove le/Profession		
	ude city, state, & zip					a.	Comments
15	SAARON	ZAK526	20 V I		LTOR		
	910 4	11. 0 1.	271	c. Employ	er's Name/Speci	ific Field	
	BSL	lly Point	RD			e.	Election Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date	(mm/dd/yyyy)	k. Amount
	CMC	Check			10,	/3/15	\$ 200.00
ㅁ		He at I					\$
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	tributor Inform			Add	Remove	NAME OF THE OWNER.	
	Name, Mailing Addr de city, state, & zip)			b. Job Titt	e/Profession	d.	Comments
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1 7	354	TOCE AU				e. E	lection Sum to Date
3	STI PE	PET NC	9011/1			s	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	l tion	j. Date (n	nm/dd/yyyy)	k. Amount
	CMC	Check				3/15	\$ 75.00
				<del></del>			\$
							\$
4. Tota	al only this Pa	ige				\$	375.00
		O-1210 Pages		A Property		039/03/0	
		of Detailed Summary Pa				\$.	
CRO-12	10		NC State Boar	d of Election	S		April 2007

		rom Individua			Pg	of	Amendment  Yes No
Use thi	s form to report	individual contributions	ons over \$50 o	r contribut	ions under \$50 if f		
	1000	me (and Fund if app	-				ID Number
200	nul 1166	To Ro Elect	CRAIG C		MAYOR	(	RDF8 R7
	tributor Inform ame, Mailing Addi			Add	Remove	NO PAGE	
	le city, state, & zip			J. 305 1	)	-  a.	Comments
丁。	LNPR	edmond		T.	e lired	21.11	
		h Shoke D	Δ	c. Emple	oyer's Name/Specific I	riela	
B	54	TO TO TO	~			e. 1	Election Sum to Date
ی	ONTARO	ET NC 2	8461			\$	
	g. Account Code	h. Form of Payment	t. In-Kind Desc	ription	j. Date (mn	/dd/yyyy)	k. Amount
	CMC	Check			10/3	15	\$ 100.00
							\$
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	ime, Mailing Addro e city, state, & zip)				tle/Profession	d. (	Comments
	The second secon			Re	Tired		
16	HILLES I	WOJDA Ke DR		c. Emplo	yer's Name/Specific F	ield	
B	SL. KA	RE DR				e. E	lection Sum to Date
1	0.TT Da	ET NC 2	01/1			s	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm		k. Amount
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							\$
							\$
3. Contr	ibutor Informa	tion		Add	Remove		(12.0) A . Saturday
	me, Mailing Addre	ss & Phone			le/Profession	d. C	omments
	city, state, & zip)	) ,		Re	Tired		
GA	OR IH R	liley The Shoke I	~ ^		er's Name/Specific Fi	eld	
76	5L	in Ottobe I	)e			e Fi	ection Sum to Date
3	0012 400	TNC 2	2461			\$	cetton Sum to Date
		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	i. In-Kind Descri	ption	j. Date (mm/		k. Amount
	CMC	Check			1013	115	\$ 50.00
					1013	7.5	\$
							\$
4. Total	only this Pa	ge				\$	175.00
5. Total	of ALL CR	O-1210 Pages				140	112.00
(This line	must be on line 6	of Detailed Summary Pag	1			\$	
CRO-121	U		NC State Box	ard of Electic	ons		April 2007

		from Individu			Pg of		Amendment  Yes No
Use t	his form to report	t individual contribut	ions over \$50 or	contribution	s under \$50 if form	CRO	1205 is not used
		me (and Fund if ap		^		2.	ID Number
Le	MM/The	To Re Elect	(R916	ASKE	MAYOR	G	DF8R7
3. Co	ntributor Inforr	nation		Add	Remove	850	
	Name, Mailing Add ude city, state, & zij			b. Job Title/	Profession	d. C	Comments
			,				
	1148 7	A HogAn	7 1	c. Employer	's Name/Specific Field		
						e. E	lection Sum to Date
	SOUTH P	PORTNE &	2A461			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/)	yyy)	k. Amount
	Cuc	Check			10/3/1	5	e
		1			10131	<u> </u>	\$ 15.00
	<del> </del>						3
							\$
_	tributor Inform Name, Mailing Addi			Add 🔲	Remove		
	de city, state, & zip			b. Job Title/I	rofession	d. Co	omments
6	0901	a 1					
	PERV	ModLin ly Point		c. Employer's	Name/Specific Field		
7	/S Ho!	14 POINT	Rd			e. Ele	ection Sum to Date
3	2000	ET NC .	184/1			s	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y		k. Amount
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	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/P	rofession	d. Co	munents
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l. Tota	al only this Pa	) ge					\$
		O-1210 Pages				\$	375.00
		of Detailed Summary Pa	ge CRO-1100)			\$	14 1 2 3
RO-12				rd of Elections		-	, April 2007

Dispuise					of Yes No
Use this form	to report expenditures	from the commit	tee for operating e	xpenses, contribu	ntions to candidate/political
	d coordinated party ex Full Name (and Fun				2. ID Number
Commi	Tee To Re	ELOCT CRE	IG CASTER	MAYO	QDF8R7
3. Type of Dis	sbursement (Please	use separate Cl	RO-1310 forms for	each type of Dis	sbursement.)
Operating Ex	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	ntributions to Candid	ates/Political Committe		oordinated Party Expenditures
4. Payee Infor			Add	Remove	
	Mailing Address & Ph	one	b. Coordina	ted Committee Nar	ne d. Comments
(include city, stat					
VIST	A PRINT.	Com	c. Level Reg		pality: e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CMC	Debit		9/25/19	\$ 106.79	
				s	
4. Payee Infor	mation		Add	Remove	
The same of the sa	iling Address & Phone			ted Committee Nam	ne d. Comments
(include city, st					u. Comments
A SIG	alac D.T				
70 319	N of Disti	NETION	1	istered (Specify)	
1625	N. Howe S	<b>デ</b> ア	Federal		The state of the s
< -	10 10		☐ State	Municip	pality: e. Election Sum to Date
	Aport NC			1	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
CMC	Check		10/6/15	\$ 124.18	
				\$	
4. Payee Inform	mation	THE RELEASE OF	Add	Remove	
	ling Address & Phone			ted Committee Nam	e d. Comments
(include city, sta					S. Collection
1/1510	PRINT. C				
VISIA	JEINI . L	DM		stered (Specify)	
4			Federal	County:	
			State	Municipa	ality: e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CMC	Debit			\$ 129.93	* · * * * · · · · · · · · · · · · · · ·
-7/10			1/50/17	0	
g m				<u> </u>	
5. Total only th					\$
(This line goes in	CRO-1310 Pages  line 13a of Detailed Sum  line 13b of Detailed Sum				\$
	line 13c of Detailed Sum				
	odes (List detailed o				NV (CELLINA TIPLOZINICH SIII
A* - Media	B* - Printin		C* - Fundraising	D - To	Another Candidate
E - Salaries	F* - Equipn	nent	G - Political Party	Н* - Не	olding Public Office Expenses
I - Postage	J - Penaltie	s	K* - Office Expen		onation to Legal Expense Fund
O* Other		To an of the last	THE RESERVE AND ADDRESS OF THE PERSON OF THE		
* Codes requir	e detailed explanation	Contraction and the Contraction of the Contraction	Committee and the same party of the same o		
UNU-1J1U		NC S	tate Board of Elections		December 2009

December 2009

		)				)	
Disbursem	ents				Pg of	,	Amendment  Yes No
	report expenditures	from the commit	tee for o	perating ex			
committees and	coordinated party ex	penditures					
^	Full Name (and Fun			Indiana some		2	. ID Number
COMMIT	ER TO AE				MAYOR		QDF8R7
3. Type of Disb		use separate Cl			The state of the s		777
Operating Exp  4. Payee Inforr	THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	ntributions to Candid	ates/Politi	cal Committee	Remove	ordinated	Party Expenditures
the same of the sa	lailing Address & Ph	one			ted Committee Nam	ne d	Comments
(include city, state							
SAMS	South Colle	es Rd		- Federal	stered (Specify)  County:		
				L State	Municip	ality: e.	Election Sum to Date
WIIM	INGTON NO	2840.	5				\$
	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
SHC	Check		101	9/15	\$ 97.97		
					\$		
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	ing Address & Phone			b. Coordinat	ed Committee Nam	e d.	Comments
(include city, sta				-			
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IIIE	Moore 5	T		Federal	County:		
	PORTNO	•	,	State	☐ Municip	ality: e.	Election Sum to Date
٥٥٥٠٠	· par nc	2846	/	Activities and a			B
. Account Code	g. Form of Payment	h. Purpose Code	I. Date (	mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
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•	ng Address & Phone		· · · · · · · · · · · · · · · · · · ·	b. Coordinat	ed Committee Nam	e d.	Comments
(include city, stat							
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South	RPOET NO	284	61				3
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					\$		
5. Total only thi	is Page					5	
(This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	amary Page CRO-11	00 if Con	trib to Candide	ates/Political Comm	,)	3
(This line ones in	line 13c of Detailed Sum	mary Page CRO-11	OO if Cons	edinated Party	Expenditures		

7. Purpose Codes (List detailed expenditure code in (h.) above)

A\*- Media B\*- Printing C\*- Fundraising D- To Another Candidate

E - Salaries F\*- Equipment G- Political Party H\*- Holding Public Office Expenses

I - Postage J - Penalties K\*- Office Expenses Q\*- Donation to Legal Expense Fund

O\* Other

\* Codes require detailed explanation in required remarks field (k)

Do not use this form to update			E CONTRACTOR OF THE PARTY OF TH
1. Committee Information			
. Full Name	A	**************************************	c. ID Number
(PAIG	M LASTER		QJF8R7
. Mailing Address (include City	, State and Zip Code)		d. Date Filed
884 SOUT	The Shope De		9/24/15
AL AI			
Z TAON	eTNC 284	1.1	e. Phone Number
The second secon			910 845 210
. Report Year 3, Period S	tant Date (mm/dd/yy) 4. Perind Er	nd Date (mm/dd/yy)  5. Trea	surer Full Name
2015 7/17	1/15 9/22	2/12/1	<b>1</b>
Type of Committee (Che		ort (check only one type of	
Candidate Campaign	Party Municipal	State/County	Referendum
PAC	Referendum Organizational		Organizational
Independent Expenditure			Pre-referendum
Legal Expense Fund	Pre-primary	☐ First	Final
	Pre-election	Second	Supplemental Final
The state of the s	able, check one) Pre-runoff	Third	Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Year Year End	Semi-annual Mid Year	10 Caralal Banart Non
Other:	Year End	Mid Year Year End	10. Special Report Nam
. Number of Fundraisers t		Final	
		Special	
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of the NC General Statutes and	r Fund is in compliance with all applica d that no funds are commingled with pi	able provisions of Afficie 22A,	22B & 22D-22M of Chapter 10
report is complete, true and co	orrect and that I have been trained by the	he NC State Board of Elections	d lunds. I luriner certify that an
1	a - A	1 / _	
(RAIG M	(ASTER /som	in moster	9/24/15
A Company of the Comp	Signer Signat	ture of Appointed Treasurer	Date
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Printed Name of S OR OFFICE USE ONLY	the same of the land of the la		Delivery Method
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OR OFFICE USE ONLY	Employee  2 4 2015 Employee	.00	Registered Mail
OR OFFICE USE ONLY Date Received: Date Postmarked:	SEP 2 4 2015 Employee	e: UPP	Registered Mail Hand Delivered
OR OFFICE USE ONLY Date Received:	SEP 2 4 2015 Employee	e: UPP	Registered Mail
OR OFFICE USE ONLY Date Received: Date Postmarked:	SEP 2 4 2015 Employee	e:	Registered Mail Hand Delivered



Detailed Summary			Amendment  Yes No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)			
Committee Fun Name (and Fund in applicable)	2. Type of		.ID Number QDF 8R7
COMMITTEE TO REELECT CRAIG CASTER M	tyor.	Total this	Total this
Start of Election Cycle: January 1, 2015	-	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	<del></del>	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$ 753,00	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 753 00	\$
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 94.54	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ \	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
(7) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	1.00	s 94. 5 U	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$ 658.46	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	** ** *** *** *** *** *** *** *** ***
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
THE RESERVE THE RESERVE AS A STATE OF THE STATE OF THE PARTY OF THE PA	(CRO-1440)	\$	\$
	CRO-2220)	\$	\$
The state of the s	CRO-1215)	\$	\$

		rom Individua		Pg		[	nendment Yes No
		individual contributi		contributions und	er \$50 if form C	- spran - smaller or	The second secon
1. Committee Full Name (and Fund if applicable)  2. ID Number  Committee To Re Elect IRAIG CASTER MAYOR QDF 3R 7							
Con	MMITTER	10 Re Elec	T (RAIG	(ASTER	MAYOR	(d)	DFBR7
3. Con	tributor Inform	ation			move		
	lame, Mailing Addr			b. Job Title/Profe		d. Com	ments
	de city, state, & zip)			ROTI R	o d		
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7	93 500	Th Sdore	DR		The state of the s		
Ł	334					e. Electi	on Sum to Date
		et ac 2					500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)		Amount
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	ame, Mailing Addr			b. Job Title/Profes	sion	d. Comn	nents
	le city, state, & zip)	TO A STATE OF THE		RETIR	ed		
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K	21. DUA	Side Lane		The first free from the bill of the first of			
	OUTH POL	et NC				e. Electic	on Sum to Date
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	me, Mailing Addre	ss & Phone		b. Job Title/Profess	sion	d. Comm	ents
	e city, state, & zip)	Monther and display agreement is a figure statement in a continuation in properties (100) agree about	<b>-</b>	ROTA	nd.		
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3	01 5.50	loke De		and the same professional or profession and the same and			
$\mathcal{B}$	SL					e. Electio	n Sum to Date
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. Tota	l only this Pa	ige				\$	
42		O-1210 Pages		ME DE HOUSE DE			100
		of Detailed Summary Pa	ge CRO-1100)			\$	625.00

<b>Contributions from</b>	Individua	ls		Pg of _	Amendment Yes  No	
Use this form to report indivi			ontributions u	nder \$50 if form C		
1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO	Ke ElecT	12AIG	LASTER	MAYOR	QDF8R7	
3. Contributor Information			Add 🔲 F	Remove		
a. Full Name, Mailing Address & (include city, state, & zip)	Phone		b. Job Title/Pro	ofession	d. Comments	
	111		NC	STATE		
LARRY MO	0210	ſ	c. Employer's N	Name/Specific Field		
LARRY MODINT Rd 915 HOLLY POINT Rd BSL SOUTHPART NC 28461					e. Election Sum to Date	
		The second secon			\$ 28.00	
f. Prior g. Account Code h. Fo		i. In-Kind Descrip	otion	j. Date (mm/dd/yy)		
- Cruc 1	Keck	8		1/18/1	5 \$ 28,00	
					\$	
					\$	
3. Contributor Information			Add R	temove		
a. Full Name, Mailing Address & I	Phone		b. Job Title/Pro	fession	d. Comments	
(include city, state, & zip)						
CRAIG CASTER  C. Employer's Name/Specific Field  C. Employer's Name/Specific Field						
884 5.50	ione un	_				
BSC					e. Election Sum to Date	
SOUTAPORT		28461			\$ 100.00	
. Prior g. Account Code h. For	rm of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount	
- CMC (	heck			7/18/15	\$ 100.00	
					\$	
					\$	
3. Contributor Information	1. 新疆地区 1964年			emove		
. Full Name, Mailing Address & P (include city, state, & zip)	hone		b. Job Title/Pro	fession	d. Comments	
(milaut chy, state, & Eip)						
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l. Total only this Page					\$	
. Total of ALL CRO-12					\$ 128.00	
(This line must be on line 6 of Deta	ailed Summary Pag	e CRO-1100)			100,00	

# Disbursements

	Amendment
Pgof	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	full Name (and Fun		skelin i				2. ID Number
^	Tee To Roc	Short (RA	16	CASTER	m Ay	DR_	DF8R7
3. Type of Dish	ursement (Please	e use separate Cl	RO-1310	forms for e	each type of	Disburse	ement.)
Operating Exp	enses	ntributions to Candid	ates/Politi	cal Committees	The same of the sa	Coordina	ted Party Expenditures
4. Payee Inform				Add $\Box$	Remove		
a. Full Name, M (include city, state	failing Address & Pl , & zip)	io.ie		b. Coordinat	ed Committee	Name	d. Comments
V15TA	PRINT. C	om		c. Level Regi	stered (Specify Cou		e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	1		Required Remarks
CMC	Debit		191	11/15	\$26.6	7	
					\$		
4 Dans 7.6	notion and an arrangement	and the second second		Add $\square$	Remove		
4. Payee Inform		以 医50基基层基皮	L		ed Committee	Name	d. Comments
(include city, sta	ling Address & Phone ate, & zip)			p. Coordinat		, vaille	W. Comments
VIST	A PRINT	. com		Control from the second con-	istered (Specify		
				Federal State		unty: micipality:	e. Election Sum to Date
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	ling Address & Phone			b. Coordinat	ted Committee	Name	d. Comments
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			-				
					\$		,
5. Total only t	his Page						\$
6. Total of AL	L CRO-1310 Pages						
We like you not the property	n line 13a of Detailed Su	mmary Page CRO-1	100 if Op	erating Expens	ses)		\$
(This line goes i	n line 13b of Detailed Su n line 13c of Detailed Su	mmary Page CRO-1	100 if Co	ntrib to Candid	lates/Political (	Comm)	
	Codes (List detaile					Laking	
/. Purpose C A* - Media				undraising	D	- To And	other Candidate
The state of the s			ing Public Office Expenses				
E - Salaries I - Postage	J - Penal			Office Expe			tion to Legal Expense Fund
O* Other	J Vilai						
	re detailed explana	tion in required	remark	s field (k)			